HEALTH CARE ADVISORY BOARD

Meeting Summary
April 9, 2012

MEMBERS PRESENT
Marlene Blum, Chairman
Rose Chu, Vice Chairman
Bill Finerfrock, Vice Chairman
Francine Jupiter
Dr. Marty Lebowitz
Dr. Tim Yarboro
Rosanne Rodilosso
Ann Zuvekas
Ellyn Crawford

STAFF
Sherryn Craig

GUESTS
Anthony H. Griffin, County Executive
Gloria Addo-Ayensu, MD, MPH, Health Department
Rosalyn Foroobar, Health Department
Chris Stevens, Health Department
Brenda Gardiner, Office of the County Executive
Sharon Arndt, Office of the County Executive
Susan Shaw, Office of the County Executive
Jennifer Siciliano, Inova Health System

Call to Order
The meeting was called to order by Marlene Blum at 7:35 p.m.

March Meeting Summary
The minutes from the March 12, 2012 meeting were accepted as presented.

Resolution
Marlene Blum presented County Executive Anthony H. Griffin with a resolution honoring his years of service to the County. Supervisor Penny Gross will also read the HCAB's resolution at the April 10 Board of Supervisors' meeting.

Facilitated Discussion on George Mason University's Report and Recommendations on Health Care Reform
Sharon Arndt facilitated a discussion on George Mason University's Report and Recommendations on Health Care Reform.

Prompt 1: Are there any sections of the report that require further clarification or we can provide more information on?

Additional information on take up rates for Medicaid and private health insurance was requested.

No data were included on the undocumented, which is problematic given the use of synthetic estimation and the reliance on the Medical Expenditures Panel Survey (MEPS) in developing the report and its recommendations. The report assumes that the same thing that is happening to one demographic group (i.e., Hispanics) in Fairfax is also happening to the same demographic group in another part of the country. Similarly, it assumes that the type of health insurance a demographic group has, including how it is used and how much it costs, is the same, regardless of region. While Cubans and Puerto Ricans would be covered by the Affordable Care Act, those who are in the country illegally would not be. Estimating how many people would be eligible for coverage and where the newly insured would get care remains imprecise. Making an assumption that current patterns/trends are ideal patterns/trends is not the best way to approach public policy.

Concerns were raised about the recommendation to cut back safety net services, given the assumptions addressed above. Before any cuts are proposed, a higher level of confidence must be demonstrated in evaluating the data used to inform report's recommendations.

County staff was cautioned about using a self-limiting definition of care seeking behavior. There are many reasons why people do not go to the doctor. It was recommended that staff conduct a sensitivity analysis to estimate what would happen to the safety net if care seeking behavior increased 20 or 40 percent.

Canada and Australia run parallel systems of universal insurance and safety net clinics. It would be useful to know what these systems charge.

Brenda Gardiner stated that in its analysis, GMU estimated that approximately 63,000 individuals will not take advantage of the insurance exchange.

There was some discussion about the possibility that individuals currently insured may move to Medicaid, causing financial strain on the system.

GMU did not address the affect that Health Care Reform may have on County employees, but Ms. Gardiner assured the HCAB that the County's Human Resources Department was looking at this issue. With respect to the Task Force, however, this charge fell outside its scope.

A question was asked about what the state is doing for outreach in order to get people enrolled. Ms. Gardiner replied that the Virginia Healthcare Commission is scheduled to take up this topic at its May 9 meeting. She said the focus will be on utilizing technology and enhancing existing enrollment and eligibility determination for FAMIS,

Medicaid, and S-CHIP in order to create an enrollment portal for the state's health exchange. However, Ms. Gardiner agreed that local and regional experience has shown that substantial outreach and promotion were required to get people enrolled in services. She noted that Fairfax County has the best Medicaid penetration rate in the state. Moreover, if people are not enrolled for benefits, the County will not be able to access enhanced federal funding. Given that single adults are currently not eligible for Medicaid, Ms. Gardiner predicted that the greatest uptake would be from this population.

Along the same lines as care seeking behavior, there are other factors, beyond low reimbursements, for why providers do not accept Medicaid. Staff was encouraged to expand on these factors. For example, some providers may not want to deal with extra paperwork or provide translation services to those who cannot speak English or who cannot read or write. Providers may also be concerned about no show clients (e.g., clients who do not call ahead to cancel or reschedule), or in general, choose not to serve certain racial, ethnic, or socioeconomic demographic groups.

Prompt 2: In reviewing the recommendations section, how might these recommendations impact the work of the Health Care Advisory Board in relation to:

- *Oversight of public policy regarding health care in the community*
- *Program operations of county services*
- *Public hearings related to medical care facilities in the community*
- *Consumer input into health care provision, quality of care, access, affordability, choice in providers*
- *Citizen engagement*
- *Provider networks and relationships*
- *Charity care*
- *Financing of public services*

The consensus was that all of the recommendation would have an impact on the HCAB's work.

Ms. Gardiner explained Recommendation 3, which includes centralizing contracts. Ms. Gardiner stated that the payment sources of the county's contracts are spread across the budget and across different agencies. There is no consistent mechanism for centralizing this information. An internal reorganization was recommended to improve coordination, monitoring, and oversight. A suggestion was made that the recommendation be changed to integrate rather than centralize; it was noted that the recommendation proposes to integrate, system-wide, common requirements such as electronic records exchanges, service outcomes, and reporting protocols.

In reviewing the inventory of health care services, it was also suggested that staff look at what Reston Hospital and Virginia Hospital Center are providing in the community. The services that Inova provides do not represent the community's entire health

system. However, the HCAB is an advisory body, and it cannot require Reston Hospital, for example, to provide that information.

Several members noted the County's decision not to engage Inova in its health care reform discussions. Their exclusion from the proceedings was characterized as a missed opportunity. It was also noted that Inova should have played a more active role in the Health Department's MAPP process.

With respect to Recommendation 2, HCAB members observed that private providers were not considered. The report does not explore incentives for encouraging private provider participation. The HCAB underscored the importance of inviting private providers to the table to participate in problem solving, governance, and planning and decision making. Examples of localities incentivizing private provider participation exist (e.g., Travis County), and staff was encouraged to look at the fees that providers charge and how outcomes are shared. A mechanism for how to assess, evaluate, and count providers' contributions to the safety net was briefly discussed.

Questions about manpower and the health workforce were deferred. Staff recognized that the Health Care Reform Task Force still had work to do on addressing these issues.

Previous incarnations of the safety net were also discussed. Some members discussed the need for physician citizenship, meaning there is not enough effort on behalf of physicians to meet the community's health care needs. However, others cautioned that without restructuring medical school tuition, estimated at $250,000, it is unreasonable to expect doctors to do more than they are doing. Only 6-8% of doctors graduating from medical school elect a primary care specialty. Given the way health care is financed and the cost of a medical school education, many doctors will never be able to service their student loan debts.

In considering Recommendation 8, it was suggested that the County pay careful attention to increasing self pay fees. While raising fees will defray clinic costs, it could also have the unintended effect of reducing care seeking behavior. Staff should review fee collection schedules and consult the expertise of the HCAB and the CAC.

Under health care reform, the concept of CHCN may have to or need to change; it may no longer be a safety net provider accepting patients without insurance. It may also be serving individuals who become newly insured. However, despite having an insurance card, some individuals may not be able to access a primary care provider nor afford the cost of their copays, coinsurance, or prescription drugs. Based on these circumstances/scenarios, it was recommended that the County reexamine the CHCN's mission, or maintain its core mission but modify its definition of a safety net provider. A fundamental decision will need to be made on who and what constitutes the underinsured.

Understanding how health insurance works was considered central to Recommendation 9. Knowing what a patient's obligation is, let alone those of his/her providers, can be problematic for well-educated and engaged individuals. The need for greater outreach was identified. However, educating the population on how to navigate health insurance was not considered a county function, but rather a federal and state responsibility. Ms. Gardiner agreed and acknowledged that the County would supplement federal and state efforts.

It was suggested that reducing or consolidating the safety net in Recommendation 10 be scaled back. Date references should be removed; any restructuring should be stated with less certainty. The analysis used to develop this recommendation is based on assumptions. Moreover, should extra capacity materialize, the County should use it to decrease the numbers on the CHCN wait list.

In considering Recommendation 11, the HCAB felt it implied there was an authority, outside of the Board of Supervisors, to act and make decisions on how health care is delivered to the population. Many of the HCAB's responsibilities could be transitioned to this new entity. Ms. Gardiner asked what the HCAB thought this authority should look like and what role the HCAB would want to play.

The HCAB agreed that the private sector needs to be involved in creating any type of authority. However, beyond that observation, the HCAB considered it premature to discuss the structure and scope of any entity without having had considerable discussion among private and public stakeholders. It was suggested that the County organize a planning discussion around what kinds of functions the private and public sectors need/should do together (e.g., care management, information systems, etc.) and what are some potential solutions for coordinating/integrating these functions. The HCAB cautioned staff on creating an authority just because a statute exists to do so.

Prompt 3: The recommendations outline work to be accomplished. Of that work, which do you feel are of the highest priority?

Ms. Gardiner asked each member to assign a priority to his/her top recommendation.

- Bill Finerfrock indicated that Recommendation 8 was his highest priority.
- Francine Jupiter agreed with Mr. Finerfrock, but also added Recommendation 9.
- Marlene Blum prioritized Recommendation 7 as the highest.
- Lyn Crawford indicated Recommendation 12 was her highest, but expressed concern that the issue of cultural linguistics was missing from the report.
- Rose Chu selected Recommendations 2 and 10 as the highest priorities.
- Ann Zuvekas agreed with Recommendation 10 and also added Recommendation 8 as her top priorities.

Ms. Gardiner said that in light of the pending Supreme Court ruling, there are some recommendations that can be implemented outside the context of health care reform (i.e., better integration of contracts, reporting, etc.).

Ms. Gardiner will schedule a planning call with Len Nichols of GMU to review the modeling used in the report. She also apologized for the short review time in which the HCAB had to review the report. She offered to meet with anyone who was interested in discussing the recommendations at a time and place that were convenient for them. Susan Shaw will send the notes of the meeting to the HCAB. Ms. Gardiner will e-mail the HCAB with her contact information should members have additional edits that they would like to share.

Ms. Gardiner thanked the HCAB for their time and assured members that the County's approach to Health Care Reform would be inclusive of the community's response.

There being no further business, the meeting adjourned at 9:56 pm.